

Exhibit A



Federal Medical Center, Devens
Health Services

Form: Inmate Request for Compassionate Release Consideration

| | |
|-------------------------------|------------------------|
| TO: MEDICAL SOCIAL WORK | DATE: 3-3-2020 |
| FROM (print): Sam Bews | REGISTER NO: 12189-082 |
| Signature: <i>[Signature]</i> | UNIT: J-A |

Instructions: In order to be considered for Compassionate Release, you must complete this form and send it to the Medical Social Worker. The information will be used to determine if your request for Compassionate Release meets the minimum guidelines for consideration, as referenced in the Program Statement 5050.50, Compassionate Release/Reduction in Sentence. The Social Worker will meet with you regarding your request if further information is needed.

1. Check the category you are requesting Compassionate Release Consideration: (only one per request)

- ☒ Request based on Medical Circumstances
- ☐ Medical Terminal (estimated life expectancy of 18 months or less) _____
- ☐ Medical Debilitated (completely disabled, unable to perform activities of daily living and totally confined to a bed or chair OR only capable of limited self-care and confined to a bed or chair more than 50% of waking hours)
- ☐ Request based on Non-Medical Circumstances-Elderly Inmates
- ☐ Request based on Elderly Inmates over 65 with Medical Conditions who have served more than 50% of sentence
- ☐ Request based on inmates age 65 or older who have served the greater of 10 years or 75% of the term of imprisonment to which the inmate was sentenced
- ☐ Request based on Elderly Inmates over 70 who have served 30 years or more of their term of imprisonment (offense that occurred on or after November 1, 1987)
- ☐ Request based on Death or Incapacitation of the Family Member Caregiver where you are the only caregiver for your minor child
- ☐ Request based on Incapacitation of a Spouse or Registered Partner where you are the only available caretaker

☒ *extraordinary and compelling circumstances: COVID-19*

2. Explain the extraordinary or compelling circumstances, which could not have been foreseen at the time of your sentencing you believe warrant Compassionate Release consideration. Continue on back, if necessary. *The coronavirus that has killed and infected the world, and a virus I don't believe the GOP can protect anyone from*

3. Explain your proposed Release Plans and continue on back, if necessary. The information should include the following detailed information:

1. Address and phone number of where you plan to live.

147 Central St, Apt 2, St. Johnsbury, VT 05819
978-391-9868

2. Your family supports in the community.

wife, 4 kids, mother, father, &

3. How you plan to cover your medical expenses and support yourself.

N/A

4. Where continued health treatment and services will be received.

N/A

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A copy of this form will be kept in the Medical Record section 6 and Inmate's Central File, and the original will remain with the Medical Social Worker.

June 2019
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